4973 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04975

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND — CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton — LENGTH OF STAY (in this place) 10 minutes — HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Dorchester — CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rhodesdale Md — STREET ADDRESS (If rural give location) R 2 09x-2

3. NAME OF DECEASED: (Type or Print) (First) Thurston (Middle) L (Last) Batson

4. DATE OF DEATH: (Month) 5 (Day) 21 (Year) 1955

5. SEX: M

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: Oct 25-1917

9. AGE last birthday 37 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Factory

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Batson

14. MOTHER'S MAIDEN NAME: ~~Henrietta~~ Virgie Nichols

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. 221-05-6319

17. INFORMANT & ADDRESS: Henrietta E. Batson (sister-in-law) Rhodesdale Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X IMMEDIATE CAUSE (A) Pulmonary abcess

ANTECEDENT CAUSE (S) DUE TO (B) Chronic bronchopneumonia

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Parkinson's disease

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 19..., to ..... , 19..., that I last saw the deceased alive on ..... , 19..., and that death occurred at 4:05 P M, from the causes and on the date stated above.

SIGNATURE AND M. D. Walter E. Schmidt — ADDRESS Easton — DATE SIGNED 23 May 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 5-24-55 — NAME OF CEMETERY OR CREMATORY Cokesbury — LOCATION (City, town, or county) (State) Near Federalsburg Md

DATE REC'D BY LOCAL REGISTRAR 5-21-55 — REGISTRAR'S SIGNATURE N. A. Neires

24. FUNERAL DIRECTOR — ADDRESS J. J. Tranglom & Son Federalsburg md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04976

4974

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot, MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 40 Easton
LENGTH OF STAY (in this place) 2 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 80 Memorial Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Caroline Co.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Preston Md. 05X-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Lydia (Middle) (Last) Cannon
4. DATE OF DEATH: (Month) 5 (Day) 26 (Year) 1955
5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: April 16 - 1879
9. AGE last birthday 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): H.W.
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): U.S.A.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Giffin
14. MOTHER'S MAIDEN NAME: Elizabeth Anthony.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mary T. Adams - (daughter) Preston Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH
420.1
IMMEDIATE CAUSE (A) Cardiac failure
DUE TO
ANTECEDENT CAUSE (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. Coronary occlusion
DUE TO
(C) Advanced arteriosclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/24, 1955, to 5/26, 1955, that I last saw the deceased alive on 5/25 1955, and that death occurred at 4:56 A M, from the causes and on the date stated above.
SIGNATURE [signature] M.D. ADDRESS Easton DATE SIGNED 27 May 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF 5/31/55
NAME OF CEMETERY OR CREMATORY Mt. Pleasant near Preston
LOCATION (City, town, or county) (State) Preston Md

DATE REC'D BY LOCAL REGISTRAR 5/27/55
REGISTRAR'S SIGNATURE N. H. Nelson
24. FUNERAL DIRECTOR James B. Darkiell ADDRESS Easton, Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04977

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Easton - rural
LENGTH OF STAY (in this place) 13 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton (rural X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Clara (Middle) Ella (Last) Carmine
4. DATE OF DEATH: (Month) May (Day) 17 (Year) 19 55

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Aug. 14, 1870
9. AGE last birthday 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housekeeper
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Andrew Collison
14. MOTHER'S MAIDEN NAME: unknown Willoughby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
16. SOCIAL SECURITY NO. (If Yes, give war or dates of service) none
17. INFORMANT & ADDRESS: Malcolm Carmine

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

281X IMMEDIATE CAUSE (A) Pellagra — INTERVAL BETWEEN ONSET AND DEATH: yrs

ANTECEDENT CAUSE (B) DUE TO Avitaminosis — yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Inanition — yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 1946, to 5-17, 1955, that I last saw the deceased alive on 5-16, 1955, and that death occurred at 8 P. M, from the causes and on the date stated above.

SIGNATURE M. D. M. J. Burel ADDRESS Easton Md DATE SIGNED 5-18-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF May 20, 1955
NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery
LOCATION (City, town, or county) (State) Easton, Talbot, Md.

DATE REC'D BY LOCAL REGISTRAR 5/18/55
REGISTRAR'S SIGNATURE M. L. Neeres
24. FUNERAL DIRECTOR Maurice E. Newnam & Son ADDRESS Easton, Md.

4975 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04978

CERTIFICATE OF DEATH

Reg. Dist. No. 290

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 40 Easton
LENGTH OF STAY (In this place) 1da 11 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 80 Easton Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Denton
STREET ADDRESS (If rural give location) 05K-2

3. NAME OF DECEASED: (Type or Print) (First) Leonard (Middle) (Last) Crew

4. DATE OF DEATH: (Month) 5 (Day) 31 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: W
7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): married
8. DATE OF BIRTH: Feb 11, 1887
9. AGE last birthday 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer
10B. KIND OF BUSINESS OR INDUSTRY: Caroline Poultry Plant
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Crew
14. MOTHER'S MAIDEN NAME: Mary Cannon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mr Bernard L Crew Denton Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

591X
IMMEDIATE CAUSE (A) Pneumonia
ANTECEDENT CAUSE (S) DUE TO (B) Uremia
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Nephropia, type undetermined

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/29, 1955, to 5/31, 1955, that I last saw the deceased alive on 5/27, 1955, and that death occurred at 1:18 A.M., from the causes and on the date stated above.
SIGNATURE Carl Schmidt M. D. ADDRESS Denton DATE SIGNED 31 May 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF June 3, 1955
NAME OF CEMETERY OR CREMATORY Denton
LOCATION (City, town, or county) (State) Denton, Md.

DATE REC'D BY LOCAL REGISTRAR 6-1-55
REGISTRAR'S SIGNATURE N. H. Nevitt
24. FUNERAL DIRECTOR J. Virgil Hardesty
ADDRESS Denton

4989 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04979

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Oxford
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oxford X
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) Gilbert (Last) Dobson

4. DATE OF DEATH: (Month) May (Day) 12, (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: Jan. 12, 1901

9. AGE last birthday 54 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ship carpenter

10B. KIND OF BUSINESS OR INDUSTRY: at Wiley's Shipyard

11. BIRTHPLACE (State or foreign country): Oxford, Md.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Wm. Dobson

14. MOTHER'S MAIDEN NAME: Cordelia Dobbs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 216-07-7026

17. INFORMANT & ADDRESS: Mrs. Ione Dobson - Oxford, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 420.1
(A) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Arteriosclerotic Coronary Disease — 1 year
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19 55 to 5-12-55, that I last saw the deceased alive on 5-1-55 and that death occurred at 5-30 P M, from the causes and on the date stated above.

SIGNATURE M. D. R. Cox — ADDRESS Easton Md. — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): burial
DATE THEREOF: 5-16-55
NAME OF CEMETERY OR CREMATORY: Oxford Cemetery
LOCATION (City, town, or county) (State): Oxford, Talbot, Md.

DATE REC'D BY LOCAL REGISTRAR: 5-14-55
REGISTRAR'S SIGNATURE: N. N. Mervin
24. FUNERAL DIRECTOR: Maurice E. Newnam & Son
ADDRESS: Easton, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04950

4976

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville. 17 ½ a
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) James (Last) Dorrell

4. DATE OF DEATH: (Month) May (Day) 24 (Year) 1955

5. SEX Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married | 8. DATE OF BIRTH: Sept 14, 1872 | 9. AGE last birthday 82 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Carpenter
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: MR. William Dorrell
14. MOTHER'S MAIDEN NAME: Elizabeth Powell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 216-07-7038
17. INFORMANT & ADDRESS: Mrs Arguetta Dorrell Wife Centreville Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
591 X
IMMEDIATE CAUSE (A) Bronchopneumonia, ET. — INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSE (B) DUE TO Nephrosis, Type undetermined
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/20 1955, to 5/24, 1955, that I last saw the deceased alive on 5/24/55, and that death occurred at 11:30 A.M. from the causes and on the date stated above.
SIGNATURE M. D. ADDRESS Easton DATE SIGNED 5/25/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF May 27 1955
NAME OF CEMETERY OR CREMATORY Chesterfield
LOCATION (City, town, or county) Centreville (State) Maryland
DATE REC'D BY LOCAL REGISTRAR 5-25-55
REGISTRAR'S SIGNATURE M. A. Nevins
24. FUNERAL DIRECTOR Baker Bros. Centreville ADDRESS Maryland

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04982

CERTIFICATE OF DEATH

4977 Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 17 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton Rfd 4
STREET ADDRESS (If rural give location) 8 West St.

3. NAME OF DECEASED: (Type or Print) (First) Bertha (Middle) (Last) Green.

4. DATE OF DEATH: (Month) 5 (Day) 13 (Year) 19 55

5. SEX: Female 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married 8. DATE OF BIRTH. April 29, 1892 9. AGE last birthday 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): W.W 10B. KIND OF BUSINESS OR INDUSTRY: 11. BIRTHPLACE (State or foreign country): Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel E. Patrick 14. MOTHER'S MAIDEN NAME: Annie Seaman.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: Mrs Ralph Green Same

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

581.1 IMMEDIATE CAUSE (A) Laennec's Cirrhosis 3 yrs.

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Uremia 2 weeks.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 19.49 to 5/12, 1955, that I last saw the deceased alive on 5/12, 1955, and that death occurred at 2:25 AM, from the causes and on the date stated above.
SIGNATURE Stephan Kucera Jr., M.D. ADDRESS Easton, Md. DATE SIGNED 5/14/55

23 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 5/15/55 NAME OF CEMETERY OR CREMATORY Spring Hill LOCATION (City, town, or county) (State) Easton Md

DATE REC'D BY LOCAL REGISTRAR 5/14/55 REGISTRAR'S SIGNATURE N.H. Nelms 24. FUNERAL DIRECTOR Clark ADDRESS Easton. Md

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

4978

04983

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH
COUNTY TALBOT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EASTON
LENGTH OF STAY (In this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS WEEDWOOD AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY TALBOT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EASTON
STREET ADDRESS (If rural, give location) WEEDWOOD AVE.

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) LUTHER (Last) KIRBY

4. DATE OF DEATH (Month) MAY (Day) 11 (Year) 1955

5. SEX MALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH SEPT. 21, 1871

9. AGE last birthday 83 yrs.

If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FEATHER-KEY

10b. KIND OF BUSINESS OR INDUSTRY EDUCATION

11. BIRTHPLACE (State or foreign country) MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME WILLIAM KIRBY

14. MOTHER'S MAIDEN NAME [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO
(If yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO. [illegible]

17. INFORMANT AND ADDRESS MRS. WILLIAM T. MORRIS, JR. WINTON AVE. EASTON MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Heart Disease — Interval Between Onset and Death: 6 yrs

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerosis, Generalized
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 1949 to 5-11-55, that I last saw the deceased alive on 5-9-55, and that death occurred about 5 a.m., from the causes and on the date stated above.

SIGNATURE B. Cox (Degree or title) M.D. ADDRESS Easton Md. DATE SIGNED 5-12-55

23. BURIAL, CREMATION / REMOVAL (Specify) [illegible]

DATE THEREOF [illegible]

NAME OF CEMETERY OR CREMATORY [illegible]

LOCATION (City, town, or county) (State) EASTON, MARYLAND

DATE REC'D BY LOCAL REG. 5/12/55

REGISTRAR'S SIGNATURE N. H. Morris

24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4990

CERTIFICATE OF DEATH

04984 241

Reg. Dist. No. .. ..

1. PLACE OF DEATH.
COUNTY TALBOT MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X BOZMAN
LENGTH OF STAY (in this place) 1-11-E
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY TALBOT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BOZMAN X
STREET ADDRESS (If rural give location) RURAL 1

3. NAME OF DECEASED: (Type or Print) (First) ADAM (Middle) C. (Last) JONES

4. DATE OF DEATH: (Month) MAY (Day) 28 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWER

8. DATE OF BIRTH: MAY 24, 1880

9. AGE last birthday 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HUCKSTER

10B. KIND OF BUSINESS OR INDUSTRY: GENERAL

11. BIRTHPLACE (State or foreign country): BOZMAN Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: JAMES JONES

14. MOTHER'S MAIDEN NAME: ELIZABETH A. JONES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NONE (If Yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: Samuel W. Grudger 3127 Chelpa Lane Balto-Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) arteriosclerotic C.V.D. DUE TO — -

(C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. cardiac failure - chronic

19A. DATE OF OPERATION: --

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-1 1955 to 5-28, 1955, that I last saw the deceased alive on 5-28, 1955, and that death occurred at 1 P.M. from the causes and on the date stated above.

SIGNATURE [illegible] M. D. ADDRESS St. Michaels Md DATE SIGNED 5-30-55 MAP

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF May 31 1955 — NAME OF CEMETERY OR CREMATORY BOZMAN CEMETERY — LOCATION (City, town, or county) BOZMAN MD (State)

DATE REC'D BY LOCAL REGISTRAR May 20, 1955 — REGISTRAR'S SIGNATURE Mrs Bertha L. Seth — FUNERAL DIRECTOR J. Hamilton Harrison — ADDRESS St. Michaels Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04985
4979

CERTIFICATE OF DEATH

Reg. Dist. No. 240

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newcomb
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) M. Parker (Middle) 4. (Last) Kemble

4. DATE OF DEATH. (Month) May (Day) 24 (Year) 1955

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: FEB. 5-1872

9. AGE last birthday: 83 yrs | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Mass.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edmund Kemble

14. MOTHER'S MAIDEN NAME: Mary F. A. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Sally Kemble

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Epistaxis - undetermined cause — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) arteriosclerotic C.V.D.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-1, 1955 to 5-24, 1955 that I last saw the deceased alive on 5-24, 1955 and that death occurred at 1:45 P.M., from the causes and on the date stated above.

SIGNATURE M.D. ADDRESS DATE SIGNED 5-26-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF May 26 55. | NAME OF CEMETERY OR CREMATORY Fort Duncan Cemetery | LOCATION (City, town, or county) Bladensburg (State) Md.

DATE REC'D BY LOCAL REGISTRAR 5-25-55 | REGISTRAR'S SIGNATURE N.H. Nevins | 24. FUNERAL DIRECTOR Clifford Carlson ADDRESS

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04986

4980

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH.
COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
MARYLAND LENGTH OF STAY (in this place) 21hrs. 10min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston
STREET ADDRESS (If rural give location) 05 X-2

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) (Last) Mezick

4. DATE OF DEATH: (Month) May (Day) 27 (Year) 1955

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 1-17-1896

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): N.W.

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Elliott

14. MOTHER'S MAIDEN NAME: Jennie Hanford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS Lloyd Mezick. Preston, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

330X IMMEDIATE CAUSE (A) Subarachnoid hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 24 hrs.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Cause undetermined.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/26, 1955, to 5/27, 1955, that I last saw the deceased alive on 5/27, 1955, and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE [illegible] M. D. ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF 5-31-55 | NAME OF CEMETERY OR CREMATORY Lewchester | LOCATION (City, town, or county) (State) Preston Md-RD

DATE REC'D BY LOCAL REGISTRAR 5-28-55 | REGISTRAR'S SIGNATURE N. H. Nevett | 24. FUNERAL DIRECTOR [signature] | ADDRESS Easton Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4981

CERTIFICATE OF DEATH

04987

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 319 South st.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
STREET ADDRESS (If rural give location) 319 South St.

3. NAME OF DECEASED: (Type or Print) (First) Nettie (Middle) May (Last) Mills

4. DATE OF DEATH: (Month) 5 (Day) 30 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11-27-1901

9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Roberts

14. MOTHER'S MAIDEN NAME: Mary Gibson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 215-16-8944

17. INFORMANT & ADDRESS: Ardia Seth Balto. md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO: Arteriosclerotic heart disease with myocardial insufficiency.

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

INTERVAL BETWEEN ONSET AND DEATH: 6 Months

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/15, 1955, to 5/30, 1955, that I last saw the deceased alive on 5/30, 1955, and that death occurred at 2 A M, from the causes and on the date stated above.

SIGNATURE Frank E. Mason M.D. ADDRESS 140 Dover St Easton Md DATE SIGNED 6/2/55.

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 6/2/55

NAME OF CEMETERY OR CREMATORY: Richards

LOCATION (City, town, or county) (State): Easton md.

DATE REC'D BY LOCAL REGISTRAR: 6/2/55

REGISTRAR'S SIGNATURE: M.A. Nevius

24. FUNERAL DIRECTOR: James B. Dorsett

ADDRESS: Easton, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04988

4991

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Trappe
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 2

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe X
STREET ADDRESS (If rural give location) Route 2

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) (Last) Roberts

4. DATE OF DEATH: (Month) 5 (Day) 5 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 1873

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Bentley

14. MOTHER'S MAIDEN NAME: Margret Bentley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ? (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: Mrs. Oddie McDaniel

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 422.1 (A) Cardiac decompensation — 1 year

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerotic cardio vascular disease DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1954 to May 5, 1955 that I last saw the deceased alive on May 5, 1955, and that death occurred at 9 PM, from the causes and on the date stated above.

SIGNATURE J. Edwin Fassett — ADDRESS J. EDWIN FASSETT, M.D.-227 Pine St-Camb., Md — DATE SIGNED 9May55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF 5/9/55 — NAME OF CEMETERY OR CREMATORY: Trappe Cem — LOCATION (City, town, or county) Trappe — State: Maryland

DATE REC'D BY LOCAL REGISTRAR 5/9/55 — REGISTRAR'S SIGNATURE M.H. Nevers

24. FUNERAL DIRECTOR — ADDRESS: James B Parkhill, Easton, md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04989

4982

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Talbot MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton; LENGTH OF STAY (in this place) 19dy 14½ hrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queen Anne's 17 a; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Blanche (Middle) (Last) Roy

4. DATE OF DEATH: (Month) 5 (Day) 22 (Year) 1955

5. SEX: female

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married

8. DATE OF BIRTH: May 15 1911

9. AGE last birthday: 44 yrs | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hsw.

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Green

14. MOTHER'S MAIDEN NAME: Nan ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Williams Henry Roy Friend

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

5 71X

IMMEDIATE CAUSE (A) Pneumonia, type unascertained

ANTECEDENT CAUSE (S) DUE TO (B) Bronchopneumonia

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/2, 1955, to 5/22, 1955; that I last saw the deceased alive on 5/22, 1955, and that death occurred at 12:50 A.M. from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS Easton DATE SIGNED 25 May 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 5/25/55

NAME OF CEMETERY OR CREMATORY Hillcrest

LOCATION (City, town, or county) (State) Denton Md.

DATE REC'D BY LOCAL REGISTRAR 5-23-55

REGISTRAR'S SIGNATURE M. A. Norris

24. FUNERAL DIRECTOR, ADDRESS J. E. Boulden Greensboro, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04990

4983

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 1 day 9 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE md COUNTY Talbot
CITY. If outside corporate limits, write RURAL and give nearest town)
OR TOWN Trappe
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED. (Type or Print) (First) John (Middle) (Last) Salmon

4. DATE OF DEATH: (Month) May (Day) 2, (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.

8. DATE OF BIRTH: January 6, 1898

9. AGE last birthday: 57 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gardner

10B. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Ireland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Pat Salmon

14. MOTHER'S MAIDEN NAME: Mary Joyce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) -

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs Mary Salmon (wife) Trappe maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE

(A) Myocardial Infarction Acute & Coronary Occlusion
DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B)
DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 3 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-1-, 1955, to 5-2-, 1955 that I last saw the deceased alive on 5-2- 1955, and that death occurred at 8:55 P M, from the causes and on the date stated above.

SIGNATURE Arnold A. Bartley M. D.
ADDRESS Easton, Md.
DATE SIGNED 5-2-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 5/5/55
NAME OF CEMETERY OR CREMATORY: Spring Hill
LOCATION (City, town, or county) (State): Easton Md

DATE REC'D BY LOCAL REGISTRAR: 5-3-55
REGISTRAR'S SIGNATURE: M.N. Neilsen
FUNERAL DIRECTOR: Maurice E. Murray & Son
ADDRESS

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04931

4984

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Denton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) A. (Last) Stone

4. DATE OF DEATH: (Month) 5 (Day) 27 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 1 1883

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H W.

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New Hampshire

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Adams

14. MOTHER'S MAIDEN NAME: Louella Pettingill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mr. Parker W. Stone (son)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cardiac Failure

ANTECEDENT CAUSE (B) DUE TO Myocardial Infarct

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Coronary occlusion

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/15, 1955, to 5/27, 1955, that I last saw the deceased alive on 5/27/55, 19..., and that death occurred at 3:05 AM, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Easton DATE SIGNED 27 May 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF May 29, 1955

NAME OF CEMETERY OR CREMATORY Denton

LOCATION (City, town, or county) (State) Denton, Md.

DATE REC'D BY LOCAL REGISTRAR 5-28-55

REGISTRAR'S SIGNATURE M. H. Norris

24. FUNERAL DIRECTOR [signature] ADDRESS Denton

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04992

4985

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (In this place) 6 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ELSIE (Middle) Virginia (Last) Thomas

4. DATE OF DEATH: (Month) 5 (Day) 26 (Year) 1955

5. SEX: female | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married | 8. DATE OF BIRTH. Sept 22. 1877 | 9. AGE last birthday. IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. 77 yrs

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HW | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Davis | 14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS. Mr Charles Lee Thomas (Son) Fed. Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X IMMEDIATE CAUSE (A) Intestinal Obstruction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Recurrent Adenocarcinoma of colon

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M | 21E. INJURY OCCURRED While at work ☐ Not while at work ☑ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/21, 1955, to 5/26, 1955, that I last saw the deceased alive on , 19 , and that death occurred at 11:30 p.m. from the causes and on the date stated above.

SIGNATURE Ed Helmuth M. D. ADDRESS Easton DATE SIGNED 27 May 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 5/29/55 | NAME OF CEMETERY OR CREMATORY Fellowship Cemetery | LOCATION (City, town, or county) (State) Federalsburg Md.

DATE REC'D BY LOCAL REGISTRAR 5/27-55 | REGISTRAR'S SIGNATURE N. H. Nelms | 24. FUNERAL DIRECTOR Harry Wilson | ADDRESS Federalsburg Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04993

4988

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (In this place) 8 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY TALBOT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EASTON
STREET ADDRESS (If rural give location) 246 Glenwood Ave. 140 1

3. NAME OF DECEASED: (Type or Print) (First) Lucretia (Middle) (Last) Thomas

4. DATE OF DEATH: (Month) 5 (Day) 19 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: B

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: May 18 1892

9. AGE last birthday 63 yrs
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HW

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Skinner

14. MOTHER'S MAIDEN NAME: Margaret Benson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: John H. Thomas (Son)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592 X

IMMEDIATE CAUSE (A) Uremia

ANTECEDENT CAUSE (B) DUE TO Chronic glomerulonephritis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 11, 1955, to 5/19/55, 19 , that I last saw the deceased alive on 5/17/55, 19 .., and that death occurred at 4:40 AM, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Easton DATE SIGNED 23 May 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 5/22/55

NAME OF CEMETERY OR CREMATORY Richards

LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REGISTRAR 5-20-55

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR James E. Bartlett ADDRESS Easton, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04994

4987

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 40 Easton
LENGTH OF STAY (in this place) 1 hr. 40 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS 80 Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg
STREET ADDRESS (If rural, give location) 05 X-2

3. NAME OF DECEASED. (Type or Print) (First) James (Middle) Walter (Last) Truitt, Jr.

4. DATE OF DEATH: (Month) May (Day) 14 (Year) 1955

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married | 8. DATE OF BIRTH: July 16 1904 | 9. AGE last birthday: 50 yrs | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm. C. Truitt

14. MOTHER'S MAIDEN NAME: Mary Hastings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Lillian W. Truitt, Federalsburg, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Myocardial Infarction due to — INTERVAL BETWEEN ONSET AND DEATH: 5 hrs.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Coronary Occlusion-Acute

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-14-, 1955, to 5-14-, 1955, that I last saw the deceased alive on 5-14-, 1955, and that death occurred at 12:50 P.M., from the causes and on the date stated above.

SIGNATURE Arnold A. Bartley, M.D. ADDRESS Easton, Md. DATE SIGNED 5-14-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Buried | DATE THEREOF 5/16/55 | NAME OF CEMETERY OR CREMATORY Hill Crest | LOCATION (City, town, or county) (State) Federalsburg Md.

DATE REC'D BY LOCAL REGISTRAR 5-15-55 | REGISTRAR'S SIGNATURE N.A. Meeres

24. FUNERAL DIRECTOR J. J. Trampton Son | ADDRESS Federalsburg

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

04995

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4988

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 40 Easton
LENGTH OF STAY (In this place) 8 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 80 Easton Mem. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg Md
STREET ADDRESS (If rural give location) R.F.D. 05X-2

3. NAME OF DECEASED: (Type or Print) (First) Lorraine (Middle) (Last) Turner

4. DATE OF DEATH: (Month) May (Day) 20 (Year) 1955

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married.

8. DATE OF BIRTH: April 3, 1911

9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Georgia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: F. C. Batson

14. MOTHER'S MAIDEN NAME: Annie Driver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. ayer

17. INFORMANT & ADDRESS: W. Howard Turner. Same

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171X IMMEDIATE CAUSE (A) Carcinoma of cervix DUE TO

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19..., to ..... 19..., that I last saw the deceased alive on ..... 19..., and that death occurred at 7:55 P M. from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Easton DATE SIGNED 23 May 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF 5/23/1955 | NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery | LOCATION (City, town, or county) (State) Federalsburg, Md.

DATE REC'D BY LOCAL REGISTRAR 5-21-55 | REGISTRAR'S SIGNATURE M. H. Nevitt | 24. FUNERAL DIRECTOR [signature] Harry Williams | ADDRESS Federalsburg, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05964

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Royal Oak
LENGTH OF STAY (in this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Royal Oak X
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED: (First) Minnie (Middle) May (Last) Williams
4. DATE OF DEATH: (Month) May (Day) 5 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Dec. 4, 1888
9. AGE last birthday 66 yrs. IF UNDER 1 YEAR Months 5 Days 1 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Royal Oak Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Albert Seymour
14. MOTHER'S MAIDEN NAME: Lucy Ann Freeman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) U
(If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: E. T. Williams, Royal Oak.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 422.1 (A) cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH 10 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO arteriosclerotic cardiovascular.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH Malnutrition & Dehydration Terminal

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-29-1953 to 5-5-1955, that I last saw the deceased alive on 5-5-1955, and that death occurred at 2:45 P. M, from the causes and on the date stated above.

SIGNATURE Mayes Reese M. D. ADDRESS St Michaels md DATE SIGNED 5-6-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF May 7, 1955
NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery
LOCATION (City, town, or county) (State) Easton, Md

DATE REC'D BY LOCAL REGISTRAR May 7, 1955
REGISTRAR'S SIGNATURE Mrs Robert R. Seth
24. FUNERAL DIRECTOR ADDRESS John D. Williams, Easton, Md